

Non EBD – Second Party Review Tool

Case Name: _____ Worker Name: _____

Case Number: _____ Worker ID: _____

PP SSN: _____ Benefit Review Month: _____

Reviewed by: _____ Case read date: _____

Benefit Allotment: \$ _____ Correct Benefit Amount: \$ _____

Error Amount: \$ _____ under / over Follow up Needed? YES NO

Elements Correct? YES NO

If No please comment: _____

520 Application/Recertification (Ref: FSH 2.1.1 and 2.2.1)**ACPA ANRH ACCC**

Is there a completed/signed application for the current certification period? Yes No

ACPA date: _____ Interview date: _____

Was an Application/Registration/DOC 1 applied correctly? Yes No N/A

Date Signed: _____

150 Household Composition (Ref: FSH 3.0)**ANID ANHR ANSE APNC AFEQ AIWS**

Correct FS unit/group determination? Yes No N/A

If No: ___ Eligible person excluded? (i.e. child under age 22; incorrect sanction; eligible student)

___ Ineligible person included? (i.e. sanctioned person; ineligible student)

SSN	DXQU	DXQW	DXNH	DXLI

364 Utilities (Ref: FSH 4.6.7.2)**DXLI AFTQ AFUC**

Correct monthly utility obligation budgeted? Yes No N/A

If No: ___ LIHEAP at current address during current or previous heating season, AFTQ not updated?

___ Heat included in rent, but allowed full heat deduction?

___ Non-heat standard given, but responsible for heat?

___ Other deduction allowed that should not have been?

363 Shelter (Ref: FSH 4.6.7.1)**ANHQ AFSC**

Correct monthly mortgage/rent budgeted? Yes No N/A

If No: ☐ Failed to address subsidy/rent assistance?☐ Failed to correctly address Property Tax, Homeowner's Insurance?☐ Failed to correctly determine the expense from shared shelter?☐ Deduction allowed that should not have been including arrearages, security deposit, or misc. expenses included in rent?☐ Failed to act on a reported change in residence correctly?☐ Failed to act on a reported change in expense correctly?**311 Earned Income** (Ref: FSH 4.3.2)**DXNH DXQW AFEI AFWG/AFDE**

Correct earned income budgeted? Yes No N/A

If No: ☐ Failed to include all income sources? ☐ Failed to act on a reported change of income?☐ Used incorrect pay rate?☐ Pay frequency incorrect?☐ Used incorrect pay stubs?☐ Did not address overtime, differential, etc.☐ Math computation error?☐ Income ended and not updated?☐ Failed to request verification?☐ Failed to act on verification received?**334 Unemployment Compensation** (Ref: FSH 4.3.4.1)**DXSU DXQU DXQB AFUI AFSP**

Correct Unemployment Compensation income budgeted? Yes No NA

If No: ☐ Has UC started and was not addressed? ☐ Failed to use gross UC amount?☐ UC ended and was not addressed?☐ Incorrect monthly conversion?**350 Child Support** (Ref: FSH 4.3.4.1)**KIDS AFUI**

Correct Child Support income budgeted? Yes No NA

If No: ☐ Incorrect time frame used?☐ Average monthly amount incorrect?☐ Arrearage payments incorrectly included or excluded?☐ CS not addressed or updated?**Cause Codes:**

(A) Agency failed to act on known/reported/verified info (C) Client failed to report (P) Policy misapplied by agency (S) CARES system error (V) Agency failed to verify (W) W2/FSET agency error